

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILED DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

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60	1					
61		1				
62		1				
63		1				
64		1				
65		1				
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100						
TOTAL IND.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					